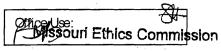


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



SEP 1 3 2016

1.	1. Satement Information			
	Date: 9(9/16 Type: New Amended (if amending, enter MECID C	161339 & section d	nangad)	
2.	Committee Information	α συτίστα)	
£				
	Name of Committee		.	
	6922 N. HALDESTY AVE KEMO 64/19 (8/6) 210			
	Committee Mailing Address, City, State, & Zip		Telephone Number	
		County Gerk or Board of Election Commissi	ender Thompson	
	Committee Type: Campaign Candidate Continuing (
3.	Treasurer/Deputy Treasurer Information	surer/Deputy Treasurer Information		
	Michael MANGE		į .	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	Treasurer's Mailing Address, Oty, State, & Zip	(V/6) 210 3897 Treasurer's Home TelepCone Number	Treasurer's D ork TelepDone Number	
	C+119		. ,	
	Deput⊡Treasurer's Name (if one appointed)	Deput☐Treasurer's Email Address (optional))	
	Deput II Tronguror o Mailing Address OUT Onto E To	Con Trong you'd Home Talen Three At the home	Don Transprovin Florit Tolera Three Number	
	Deput □Treasurer's Mailing Address, Ot□ State, □ □p	Dep. Treasurer's Home TelepDone Number	Dep. Treasurer's □ ork Telep⊡one Number	
4.	Additional Committee Information			
	Additional Complete City of the Complete Complet	Additional Occupants	CAD Octo D.C.	
	Additional Committee Officer's Name □ Title (if an□)	Additional Committee Officer's Mailing Add	ress, онц мате, ш пр	
	Connected OrganiDation's Name (if anD)	Connected OrganiDation's Mailing Address, 0	Ot 🛭 Sate, 🗆 🗓 p	
	CANDIDATES: Do you have more than one candidate committee'	? Yes (refer to instructions on	back) No	
5.	Official Bank Account Information (required by all committees)			
		-	f < 1	
	Name & Mail ⁱ		~	
ъ.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)		
		(()	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Cnly)	
	Bection Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	nature(s) Check certification(s) & sign (required by all committees)			
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate				
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSM			
-				
	Committee Treasurer	Candidate (Candidate Committees Only)		